Indications	Protocol Name
AAA	CT Angio Chest wo/w (AAA Protocol: non-con, arterial or Turbo Flash on Siemen Force/Alpha)***
AAA Post Stent Protocol, Thoracic post stent, TEVAR	CT Angio Chest wo/w (AAA Post Stent Protocol: non-con, arterial Turbo Flash on Siemen Force/Alpha, venous)***
Aortic aneurysm (Chest only)	CT Angio Chest wo/w (Non-con, prospectively gated entire chest or Turbo Flash on Siemen Force/Alpha)***
Aortic aneurysm (Chest only)	CTA Gated Chest Aortic Aneurysm (Prospectively gated entire chest, can be Turbo Flash on Siemen Force/Alpha)***
Aortic aneurysm (follow up)	CTA Angio Chest wo/w (Prospectively gated entire chest or Turbo Flash on Siemen Force/Alpha)***
Aortic dissection	CT Angio Chest wo/w (Non-con, Arterial: prospectively gated or TF entire chest on Siemen Force/Alpha, if ordered with AP retrospectively gated entire CAP or Turbo Flash on Siemen Force/Alpha)***
Aortic ectasia	CT Angio Chest wo/w (Arterial)
Aortic root dilation, evaluation, and measurement. Ascending aortic pathology	CT Angio Chest wo/w (Prospectively gated arterial on non-Siemen Force scanner, Turbo Flash on Siemen Force/Alpha)***
Aortic Ulcer	CT Angio Chest wo/w (Non con, arterial)
Atelectasis	CT Chest wo
BOS in lung Tx patients	HRCT prone, inspiration, expiration**

Bronchiectasis	HRCT supine, inspiration only**
Congenital heart disease, Atrial Septal Defect (ASD), Marfan Syndrome	CT Cardiac w/contrast for congenital dz (Retrospectively gated heart)
Coronary artery disease (CAD), coronary artery bypass (CABG) evaluation, Chest pain	CTA Coronary with contrast (Calcium score dependent on radiologist, retrospectively or prospectively gated heart)
Coronary Calcium Score, Evaluate Calcium Deposit	CT Coronary Calcium Score or CT Cardiac wo
Cough, shortness of breath (SOB), cancer work up, pneumonia, abscess, effusion	CT Chest w or CT Chest wo (Contrasted study is preferred unless there are contraindication)
Cough, shortness of breath (SOB), cancer work up, pneumonia, abscess, effusion	CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication)
Cystic Fibrosis	HRCT supine, inspiration only**
Endocarditis	Consult Cardiac Radiologist
Graft vs host disease (GVHD)	HRCT prone, inspiration, expiration**
Harmony protocol, Harmony valve replacement	CT Cardiac w contrast for congenital (Retrospectively gated above arch to below heart)
Hemoptysis	CT Angio Chest wo/w (Arterial ROI: Asc Aorta)
Hypersensitivity pneumonitis	HRCT prone, inspiration, expiration**

Infection	CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication)
Infection in the soft tissue, especially around the driveline of LVAD	CT Chest w (Can be scanned in one run with venous AP)
Interstitial lung disease, ILD, IPF, restrictive PFT	HRCT prone, inspiration, expiration**
Intramural hematoma	CT Angio Chest wo/w (Non-con, arterial)
Ion Protocol, to be done before bronchoscopy procedure.	CT Chest wo
IPF/ILD (follow up) (flare) (exacerbation)	HRCT prone if possible, inspiration only**
Lima and Rima indication	CT Angio Chest wo/w (Arterial, ROI: Ascending aorta)
Lung nodules	HRCT supine, inspiration only or Chest wo Lung Nodule Protocol (Thin sections)**
Lung nodules	CT Chest wo (Thin sections) or CT Chest wo Lung Nodule Protocol
LVAD cannula position or outflow thrombus	CT Cardiac w (Retrospectively gated entire chest)
LVAD drive line infection or leak	CT Angio Chest wo/w (Arterial)
LVAD kink	CT Angio Chest wo/w (Arterial, ROI: Descending aorta)
PE, PTE, pulmonary thrombus, elevated d-dimer	CT Angio Chest wo/w (PTE Protocol, DE or TF)***

Pleural effusion	CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication)
Pleural effusion, chest pain	CT Chest wo or CT Chest w (Contrasted study is preferred unless there are contraindication)
Post Covid (follow up)	HRCT prone, inspiration only**
Post Covid (follow up) (1st scan can be insp/exp, prone)	HRCT prone, inspiration, expiration**
Post TAVR Optimize Pro Research	CT Cardiac w (Retrospectively gated heart, 2 min post injection cardiac delay: non-gated or TF on Siemens Force/Alpha)***
Post TAVR valve thrombosis evaluation	CT Cardiac w (Post TAVR/Valve Thrombosis Protocol) (Retrospectively gated heart) (All valve prosthesis evaluations should be done on Siemens Force or Alpha*)***
Pre-Ablation Pulmonary Venous Mapping, LA Ablation	CT Cardiac w (Pulmonary Vein Mapping) (TF on Siemens Force/Alpha or Retrospectively gated on other scanners, 2min post injection cardiac delay: non-gated or TF on Siemens Force or Alpha)***
Pre-op planning for TAVR, Aortic Stenosis	CT Cardiac w (TAVR) (Calcium score, retrospectively gated heart, TF entire chest on Siemens Force/Alpha, 2min post injection cardiac delay: non-gated or TF) (Systolic 30%)***

Pre-op planning for TMVR, Mitral Valve	CT Cardiac w (TMVR) (Calcium score, retrospectively gated heart, TF entire chest on Siemens Force or Alpha, 2min post injection cardiac delay: non-gated or TF on Siemens Force/Alpha) (Diastolic 75%)***
Pulmonary hypertension	Consult Radiologist if not ordered as a Hi-Res Chest
Pulmonary hypertension	HRCT prone, inspiration, expiration**
Pulmonary shunting, pulmonary AVM	CT Angio Chest wo/w (Arterial, timed as PTE CTAs)
Sarcoidosis	HRCT supine, inspiration only**
Septic Emboli	Consult Radiologist
Small airway obstructive disease	HRCT supine, inspiration, expiration**
Subclavian steal stenosis, subclavian steal syndrome	CT Angio Chest (arterial, ROI: Descending aorta)
Tendyne protocol for mitral valve replacement (MVR), percutaneous MVR, or mitral regurgitation	CT Cardiac w (Tendyne Protocol) (Non-con chest, retrospectively gated heart)
Thrombus/stenosis of SVC or Brachiocephalic veins	CT Chest w (Chest Venogram/Venography 60sec delay post injection)
TOS (Thoracic outlet syndrome)	CT Angio Chest wo/w (TF arterial on Siemen Force/Alpha, venous above shoulder to carina)***
Tracheobronchomalacia	HRCT supine, inspiration, expiration**
TTVR, tricuspid valve replacement (Only done at TKC)	CT Cardiac w (TTVR Protocol) (Non-con gated chest, retrospectively gated cardiac, venous)

Watchman Protocol, Left Atrial Appendage (LAA)	CT Cardiac w (Watchman Protocol) (Retrospectively gated heart, 2min post injection cardiac delay: non-gated or TF on Siemens Force/Alpha)***

* All evaluation of valve prosthesis, including thrombus and paravalvular leak should be done on Siemens Force or Alpha

** If clinician request an expiration phase on a Hi-Res Chest that is not listed on the indication list, tech needs to check if clinician is concern for air trapping. Expiration scans are done for air trapping evaluation.

*** **Siemen Alpha**: If the maximum weight of the patient and the accessories exceeds 220 kg (484 lbs), do not use the flash scan mode. In this case, use a dual source scan mode without fast table movement or use a single source scan mode. (Page 240 *Scan modes*) **Siemen Force**: maximum weight 300 lbs.